

## **A Report to the Governor and Legislature**

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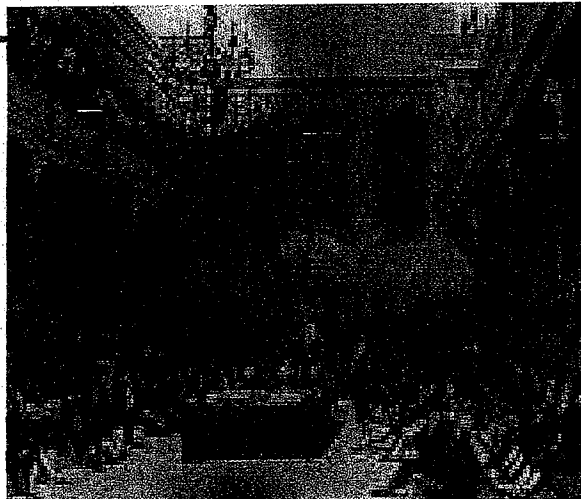
### **Mental Health and Disability Services Systems Improvement: Creating/Transforming “the System”**

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Division of Mental Health and Disability Services  
Iowa Department of Human Services  
January 29-30, 2008

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## **MHSI Legislative Intent**

Through enactment of HF 2780 (2006) and HF 909 (2007), the general assembly intended for the state to implement a comprehensive, continuous, and integrated state mental health services plan...by increasing the department's responsibility in the development, funding, oversight, and ongoing leadership of mental health services in this state.



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## Sources of Current "Crises" in the Mental Health and Disability Services "System"

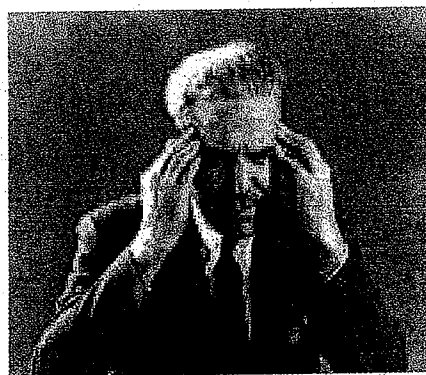
- Key components of a "system" either do not exist or do not clearly define target populations, access expectations, availability of critical components (i.e., Emergency Mental Health, Children's Mental Health, School Mental Health, or the role of the Mental Health Centers as key to a "Safety Net").
- The MHDS Information System as it presently exists is completely inadequate to plan, develop, and monitor "the system".
- There are inadequate infrastructures to create policy, collaboratively engage the range of stakeholders in the behavioral health workforce recruitment, retention, competency-based training, tele-training, the use of evidence-based training and capacity to monitor workforce development.
- While collaboration among state agencies is a necessary goal, this cannot be accomplished simply by requiring that agencies meet – there needs to be defined leadership, time-limited and defined deliverables, targeted outcomes, and specific projects identified, implemented, monitored and reported – using a CQI approach to change.
- The overall approach taken to funding and managing MHDS services distracts attention from the problem of defining the global methods of funding services. Major rethinking is required on how services are funded.

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## Transformation = Change

**If you want truly to understand something, try to change it.**

**- Kurt Lewin**



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## MHSI Workgroups Summer/Fall 2007

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## Recommendations

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“A Report to the  
Legislature on Mental  
Health Systems  
Improvement” – due  
to Legislature  
January 31, 2008.



Implementation Plan  
Due January 2009

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## Workgroups ▷▷▷ MHDS Priorities

### ■ Workgroups

- Alternative Distribution Formula
- Evidence-based Practices
- Co-Occurring Disorders
- Core Mental Health Services
- Community Mental Health Centers
- Standards and Accreditation

### ■ MHDS Priorities

- CMHCs = Safety Net
- Emergency MH Crisis
- Children's MH
- Co-Occurring Disorder Capacity
- BH Workforce Development
- Acute MH Collaborative
- Code Changes
- EBP Rollout
- Use State Block Grants
- Use Reinvestment \$

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## Major FY 09 Initiatives

- Emergency MH Crisis Response Services
- Children's M
- BH Workforce Development – Training Institute
- ½ Year funding @ \$3 million
- Children's MH @ \$ ?
- Center for Clinical Competence/Training Institute via Healthcare Transformation @ \$1.1 million
- EBP Training – Continue to use Fed Block Grant

## CMHCs as "Safety Net"

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- Accessible @ CMHC and mobile
  - Regional in scope
  - Multi-CMHC (2 or more contiguous)
  - MH Crisis and Disaster Capacity
  - Available regardless of ability to pay
  - Electronically linked
  - Shared workforce development
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## EBPs for Adults

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**Overriding Service Delivery Model:**  
COMPREHENSIVE, CONTINUOUS, INTEGRATED  
SYSTEM OF CARE MODEL

**Annual Rollout:**

Year 1:

- a. Integrated treatment for Co-occurring MH and SA Disorders
- b. Peer Support

Year 2:

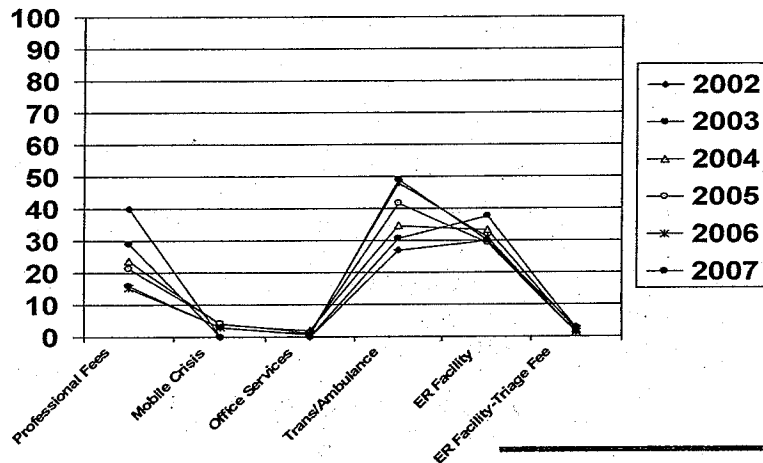
- a. Supported Employment
- b. Illness Management and Recovery (including CBT)

Year 3:

- a. Assertive Community Treatment
  - b. Family Psychoeducation
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### Emergency Mental Health Services: Percent of Total Expenditures by Service and Year (source: Magellan Health)

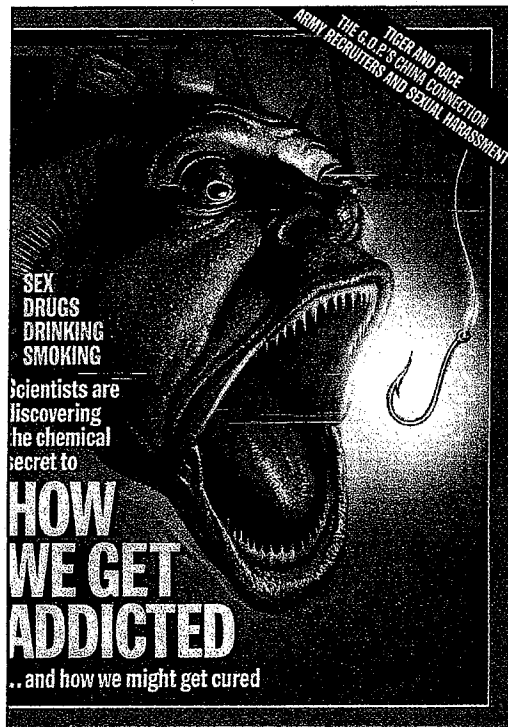


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### Acute Care/Emergency Services Collaboration

A Committee, consisting of consumers, family members, the courts, MHDS staff, the Director of the Office of Consumer Advocacy, representatives of the State's behavioral health care carve-out, Sheriffs, Magistrates, Department of Corrections, Department of Public Health, community mental health center providers, DHS Mental Health Institute staff, hospital emergency room personnel and the certified emergency service intervention providers, that reviews compliance with Emergency Mental Health Standards through data and reports furnished by the Emergency Service Intervention Providers.

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No discussion of substance use disorders should occur without recognizing the psychological, physiological, and social effects of Drugs of Abuse.

Effective Prevention and Treatment Strategies must discourage drug use, not rationalize or apologize for their consumption.

## COD Charter Document

The Iowa COD Policy Academy Team adopted a consensus vision for the state:

- *Every Iowan (EVERY Iowan) will have access to integrated mental illness and substance use disorder services that are welcoming and responsive to their individual hopes and needs and support the recovery of individuals and families who need integrated care.*

**Child Neglect**

**Depression**

The demand for illicit drugs is associated with the impact and a failure to recognize the association of illicit drug consumption and these problems.

**Anxiety**

**Crime**

The perpetration of substance use disorders is facilitated by denial of the impact of the problems associated with those disorders and by the powerful reinforcing properties of substance use which produce those disorders.

**Child Abuse**

**Training**

**DOMESTIC VIOLENCE**

**Homelessness**

**Psychosis**

## Vision for Children and Youth

- To provide quality family-focused, welcoming, community-based mental health services and supports to children, youth and their families utilizing a Systems of Care approach which incorporates and values recovery, resiliency and a strengths-based approach.



## Children and Youth Initiatives

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- School Mental Health
    - Assessment Capacity
    - Mobile Crisis
    - Wrap around services
  - Child Projects
    - Prevention and Early Intervention
    - Functional Assessments
    - Suicide Prevention
    - Trauma informed care
    - Autism
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## EBPs for Children and Youth

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**Overriding Service Delivery Model:**  
Children's SYSTEM OF CARE MODEL

**Annual Rollout:**

Year 1:

- School-based Mental Health Services
- Intensive Case Management with Wrap-around

Year 2:

- Parent support, education and training
- In home and community-based services and supports

Year 3:

- Functional Family Therapy
  - Integrated Dual Diagnosis Treatment of COD
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## MHDS Training Institute

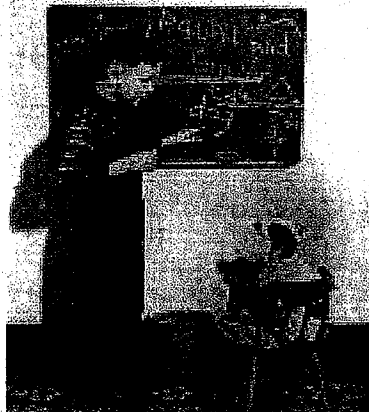
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- Use evidence about how to educate
  - Stress competency-based training
  - Multi-modal approaches
  - All MHDS populations
  - Target direct care workforce
  - Develop supervision skills
  - EBPs for three year cycle
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## Training??

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**"In theory there is no difference  
between theory and practice. In  
practice there is."**

**- Yogi Berra (American baseball  
player)**

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## Behavioral Health Workforce Collaborative

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- Policy
  - Training EBPs
  - Implementation of New Programs
    - COD
    - Supervision
    - Direct Care Workforce
    - Mental Health First Aid
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## Workforce Development

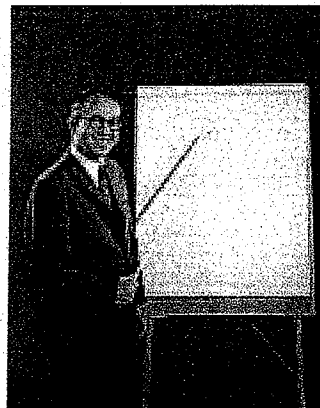
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- Train in an “evidence-based way”.
- Focus on workforce competencies.

**“To be good is noble, but to teach others how to be good is nobler, and less trouble.”**

**- Mark Twain**

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## Evidence-based Practices

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**"I have not failed.  
I've just found 10,000 ways  
that won't work."**

**- Thomas Alva Edison**



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## Data and Information System Capacity

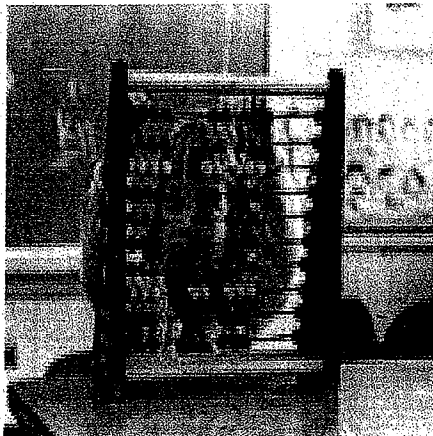
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**"Where is all the knowledge  
we lost with information?"**

**- T S Elliot**

**"Oh, people can come up with  
statistics to prove anything. 14%  
of people know that."**

**- Homer Simpson**



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## Collaboration

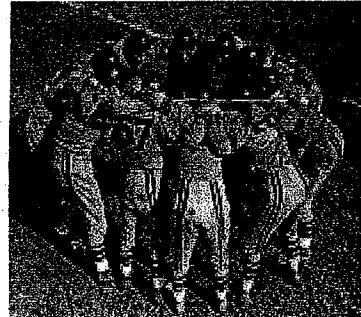
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**"I've searched all the parks in all the cities and found no statues of committees."**

**- G K Chesterton (1874-1936)**

**"If a committee is allowed to discuss a bad idea long enough, it will inevitably vote to implement the idea simply because so much work has already been done on it."**

**- Ken Cruickshank**



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## Balancing funds

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- Federal
  - Medicaid
  - Block Grant
  - SAMHSA grants
- State
  - General Funds
  - "new" Block Grants
- County levy



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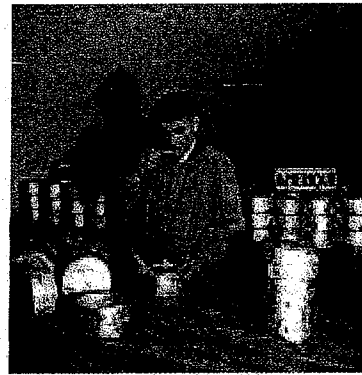
## Funding Approach

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- State "block grants" to develop capacity
  - RFP's issued by DHS
  - Utilization of existing fee-for-service reimbursement where available
  - Multi-CMHC applicants required
  - Geographically contiguous applicants
  - Grantees must meet accreditation requirements and provide DHS additional information in terms of
    - Statement of Work
    - Deliverables
    - Service Utilization
    - Consumer and Family Outcomes
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## Quality Improvement

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**"If we knew what it was we were doing, it would not be called research, would it?" - Albert Einstein**

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## Code/Law/Regulation Reviews

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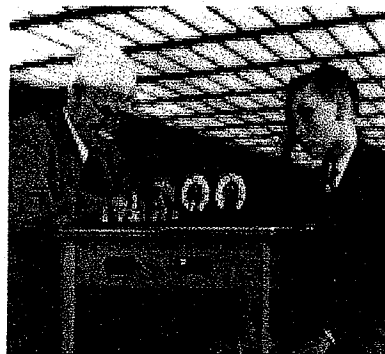
- Emergency Mental Health Crisis Response Services (new needed)
  - Community Mental Health Centers (Ch. 230a)
  - Hospitalization of Persons with Mental Illness (Ch. 229)
  - Duties of the MHMRDDBI Commission (Ch. 225C)
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## Strategy - Phasing

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**"It doesn't work to leap a twenty-foot chasm in two ten-foot jumps."**

**- American proverb**



## Phase I

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- Continue to build data infrastructure and capacity to monitor system utilization.
- CMHCs as lead agencies on the implementation of Emergency Mental Health Crisis Response Services through an RFP process via state "block grants"
- Children's Mental Health Services are designed and developed. • School Mental Health Services are designed and developed
- Co-Occurring Disorders Programs and Services are piloted through the auspices of the Co-Occurring Disorders Policy Academy and MHDS technical advisors.
- MHDS develops and implements the Mental Health and Disability Services Training Institute through "state psychiatric papers" funds
- Functional Assessment and Outcomes Systems are developed and implement by MHDS in collaboration with CMHCs, MHIs, RCs and Juvenile facilities.
- Create necessary legislative, code, rules, and standards associated with phase changes.

## Phase 2

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- Acute Mental Health Task Force and in collaboration with counties, judicial system, law enforcement, health care systems and other major stakeholders update mental illness commitment procedures
- CMHC and Inpatient Program Information Network with Electronic Linkage with MHIs, RCs, and JJ facilities
- Establish MHDS as provider of Intensive Clinical Management Program
- Contract with a Pilot Regional Mental Health Authority
- Programs and Services for Individuals with Dual MH/MR disorders
- Create necessary legislative, code, rules, and standards associated with phase changes.



## Phase 3

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- Early Intervention Programs
  - Programs and Services for Persons with Autism Spectrum Disorders
  - Programs and Services for Older Adults
  - Create necessary legislative, code, rules, and standards associated with phase changes.
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## Legislative Proposals

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- Emergency Mental Health Crisis Response Services
  - Children's Mental Health
  - School Mental Health
  - Mental Health and Disability Services Training Institute
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**Program Priorities and Cross-cutting Principles**

"Built on the principle that people of all ages, with or at risk for mental or substance use disorders, should have the opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends."

Charles G. Curie, M.A., A.C.S.W.  
Administrator, SAMHSA

**Accountability  
Capacity  
Effectiveness**

**SAMHSA Priorities: Programs & Principles**

**Cross-Cutting Principles**

**Programs/Issues**

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## Measuring Success in Iowa (Transformation Goals)

*If we are successful, the following will be true of the Iowa MHDS Systems of Care Transformation:*

1. Iowans Understand that Mental Health Is Essential to Overall Health.
2. Mental Health and Disabilities Care Is Consumer and Family Driven.
3. Disparities in Mental Health and Disabilities Services Are Eliminated.
4. Early Screening, Assessment, and Referral to Services Are Common Practice.
5. A "SYSTEM OF CARE" approach is supported.
6. Excellent Care Is Delivered and Research Is Accelerated.
7. Technology Is Used to Access Care and Information.

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## A Mental Health “System” will:

- Provide convenient access to a comprehensive array of consumer- and family-centered services and supports in the least restrictive community-based settings appropriate for the consumer.
- Recognize and promote recovery and resiliency as expected outcomes for all consumers.
- Promote policies and practices that achieve for consumers the earliest possible detection of mental health problems and early intervention.
- Ensure that all health care programs address mental health with the same urgency as physical health and that the policies of all programs that serve adults and children with mental disorders – e.g., child welfare, Medicaid, education, housing, criminal and juvenile justice, substance abuse treatment, and employment services – consider their specialized mental health needs.
- Emphasize efficiency, effectiveness, and performance improvement; base resource allocation and planning on well-measured outcomes; minimize administrative costs; and promote evidence-based and promising practices. -NASMHPD

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